

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
and CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/775,891
Filing Date	February 2, 2001
First Named Inventor	Eric Baldwin
Art Unit	3743
Examiner Name	Kathryn F. Odland
Attorney Docket Number	004608.00002

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registrations numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Withdrawal per client's request.

1. ☐ The correspondence address is NOT affected by this withdrawal.

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Date

April 29, 2004

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**CERTIFICATE OF MAILING  
(PATENT APPLICATION)**

Express Mail No. EL995825022US

Deposited: April 29, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: \_\_\_\_\_

Application of: Eric Baldwin, et al.

Application No.: 09/775,891

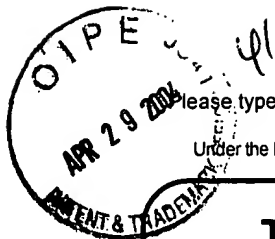
Filing Date: February 2, 2001

Title: Apparatus And Method For Repairing The Femur

Transmitted herewith are the following documents:

- ☒ Transmittal Form (1 page) in duplicate
- ☒ Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page)
- ☒ Return Postcard

Attorney Docket No.: 004608.00002



04-30-04

3743

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/775,891
	<b>Filing Date</b>	February 2, 2001
	<b>First Named Inventor</b>	Eric Baldwin
	<b>Group Art Unit</b>	3743
<b>Examiner Name</b>	Kathryn F. Odland	
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	004608.00002

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Express Mail Certificate (1 page)</b> <b>Return Receipt Postcard</b>
<b>Remarks</b>		<b>RECEIVED</b>  MAY 04 2004  TECHNOLOGY CENTER R3700
The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Binal J. Patel
Signature	
Date	April 29, 2004

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
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